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Beth Pearson-Naul

IN RE APPLICATION OF:	§	
Kruspe et al.	§	
	§	Docket No: 414-26579-USC
	§	
Serial No: 10/828812	§	Art Unit: 2859
	§	
Filed: April 21, 2004	§	Examiner: Arana, Louis M
	§	
Title: NMR Downhole Processor for	§	Confirmation No. 7285
Controlling the RF Field	§	
	§	

PRELIMINARY AMENDMENT

Prior to any substantive action on this application, please enter this preliminary
amendment.

Amendments to the claims start on page 2 of this document.

414-26579-USC

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PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

1082881 2

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	1	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	0
INDEPENDENT CLAIMS	1 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐			OR	OTHER THAN SMALL ENTITY	
	RATE	FEE		RATE	FEE
BASIC FEE		385.00	OR	BASIC FEE	770.00
	XS 9 =		OR	XS 18 =	
	X43 =		OR	X86 =	
	+145 =		OR	+290 =	
	TOTAL		OR	TOTAL	770

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	1	Minus	20	=
Independent	1	Minus	3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ☐				

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
XS 9 =		OR	X$18 =	
X43 =		OR	X86 =	
+145 =		OR	+290 =	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	—

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	28	Minus	20	8
Independent	3	Minus	3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ☐				

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9 =		OR	X$18 =	144
X43 =		OR	X86 =	
+145 =		OR	+290 =	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	144

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total		Minus		=
Independent		Minus		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ☐				

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9 =		OR	X$18 =	
X43 =		OR	X86 =	
+145 =		OR	+290 =	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875 (Rev. 10/03)　　　　Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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